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I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner For Patents, Washington, DC 20231.					
Name:	Maritzza Kidd		Signature		11/28/2000
Signature			Signature Date		

Docket No. : SIA-P035

## APPLICATION TRANSMITTAL LETTER

Assistant Commissioner of Patents  
United States Patent and Trademark Office  
Washington, D.C. 20231  
**ATTN: BOX PATENT APPLICATION**

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): NADJ, et al.

Entitled: **DATA STRUCTURE AND METHOD FOR PIPELINE HEAP-SORTING**

29 No. pages of specification, including title page, claims and abstract  
13 No. sheets of X informal, \_\_\_\_\_ formal drawings

Also enclosed are:

- Unexecuted Combined Declaration and Power of Attorney for Patent Application  
 An un-executed Assignment of the Application  
Form PTO-1595 (Recordation Cover Sheet for Assignment)  
 Verified Statement Claiming Small Entity Status with Cover Sheet (unsigned)  
An Information Disclosure Statement (Form PTO-1449A and Form PTO-1449B)  
A copy of References cited in Information Disclosure: \_\_\_\_\_ documents

### **FEES DUE**

The fees due for filing the application pursuant to 37 C.F.R. 1.16 and for recording the Assignment, if any, are determined as follow:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fees
Basic Application Fee (\$710 large entity; \$355 small entity)					\$ 355.00
Total Claims	7	Minus 20 =	0	X \$18 = X \$ 9 (small) =	0.00
Total Independent Claims	2	Minus 3 =	0	X \$78 = X \$39 (small) =	0.00
If Multiple Dependent Claims are presented, add \$260.00 or \$130.00 (small)					
If Assignment enclosed, add Assignment Recording Fee \$40.00					40.00
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$ 395.00</b>

### **PAYMENT OF FEES**

The full fee due in connection with this communication is \$ 395.00  
and is provided as follows:

- The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.
- A Check No. 4545 for the above specified full fee is enclosed. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

This application is filed pursuant to 37 C.F.R. 1.53 in the name of the above-identified Inventor(s).

Please direct all correspondence concerning the above-identified application to the following address:

**FERNANDEZ & ASSOCIATES, LLP**  
**PATENT ATTORNEYS**  
PO BOX D  
MENLO PARK, CA 94026-6204

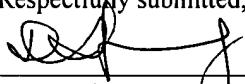


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**22877**

PATENT TRADEMARK OFFICE

Respectfully submitted,

  
\_\_\_\_\_  
DENNIS FERNANDEZ, ESQ.  
Reg. No. 34,160

11/28/2000

Date